dose remains in the system. The remedy may also become dangerous in cachectic individuals or in persons suffering from renal affections. That here and there also a case uf cocaine idiosyncrasy comes under observation is not denied by the authors; but they think themselves justified in not judging otherwise in regard to this complication in the use of cocaine, as is done in regard to a great number of other remedies which are used by us every day.—*Revue de Chirurgie*, 1889. No. 2.

F. H. PRITCHARD (Boston).

II. Treatment of Tetanus by Means of Absolute Rest. By E. DE RENZI (Italy). The author has before made the statement that the best remedy for tetanus is absolute rest of the patient. He has already cured four out of five cases by this method. The tetanus patients were taken into a completely isolated, quiet and darkened room and their ears stopped; the floor of the room was carpeted. All of the manipulations were made, when possible, in the dark; only fluids were given as nutriment and absolute bodily rest was insisted upon. If they suffered from violent pains belladonna and secale cornutum were given internally. He gives the complete history of a case of traumatic tetanus which recovered under this method of treatment.—*Riv. Chir. e Terapeut.*, No. 1, 1889.

A. PICK (Boston).

HEAD AND NECK.

I. Case of Successful Removal of Cerebral Tumor. By RUSHTON PARKER, F.R.C.S. (Liverpool). Robust male, æt. 38 years. Long standing headaches, mental dullness, total paralysis of left arm, paresis of left leg. No optic neuritis. In addition to the ordinary method of localizing the Rolandic line, a puffy swelling of the scalp in front of the right parietal emminence was accepted as indicating the site of the deeper lesion. Situated in the region which must have been chosen, it was accepted as the guide, exposed in the middle of the flap turned down, and found to consist of pericranium, thickened and softened though retaining its textural continuity, and at the end of the operation was dissected away. The skull was opened with a one and-a-half-

inch trephine, and a rounded tumor the size of a walnut, with a bit of adherent dura mater, was shelled out by breaking through the surrounding brain with the fingers. The flap was attached with very few sutures, and held down by antiseptic padding and a close bandage. In consequence of the rather profuse discharge of serum on the third day, drainage tubes were then introduced. There later followed pulsation over the hole and suppuration in their track, with increasing uneasiness and a return of paralysis that had almost gone, until by the nineteenth day matters were truly critical. Then, under chloroform, the almost healed flap was turned down again, and found, in the main, healthily united to the brain beneath. This, however, being œdematous and prominent, was sliced off level with the bone, revealing sinuses lined with puriform lymph, which was scraped away and the wound packed. No more bad symptoms of any kind were met with again, and the patient's immediate safety became quickly established. A large fungus, however, resulted, and showed no disposition to subside spontaneously, but was reduced by force on the thirty-second day, and the skin-flap laid down on it, and kept down by a plug of coins folded up in antiseptic gauze under a sheet of tin plate. Six days later the fungus was replaced by a chasm lined with granulating brain. Eventually satisfactory healing occurred, with gradual restoration of the patient's strength, which had become much reduced before the second operation, and remained low while the fungus lasted.

Total paralysis of the arm and much of the leg followed each operation, and lasted a day on the first, but ten days on the second occasion. Gradual improvement in this respect has continued up to the present time. He sat up daily after the thirty-sixth day, but was not soundly healed till the eightieth, by which time he could walk by himself in rather a staggering way. With the arm he was then still rather lame, and could not find or seize objects while his eyes were shut, or distinguish, for instance, a tall hat from a spectacle-case when holding them; but all this slowly improved, and at the end of five months he could turn over the leaves of a book singly pretty well when his eyes were open, though fumbling a good deal when his eyes were shut.

A great benefit owned by him is the total loss of headaches and the

dazed feeling and manner that preceded operation. He expresses himself as quite restored to mental vigor and comfort. All traces of paralysis have long left the face, while the strength of the affected limbs has improved with each month, and the tactile discrimination and muscular sense of the arm are now completely restored. The operator believes the growth to have been a gumma.—*Brit. Med. Jour.*, 1889, November 30.

II. Cortical Epilepsy Following Penetrating Wound of Skull Relieved by Trephining One Year After Injury. By DR. A. KOEHLER (Berlin). A man, æt. 33 years, received on May 5, 1888, a sword cut on left parietal bone, producing a 10 cm. long wound in the bone, without any depression, and followed by paralysis of right arm and right side of mouth, and some disturbance of speech. On the 4th day the tongue when protruded deviated strongly to the right. During the first 5 days after injury there were twitchings in the paralyzed muscles.

The wound healed perfectly. When the patient was discharged on July 6, 1888, the right hand was still weak and the apposition of the thumb was difficult. No disturbance of speech, but the tongue still deviated to the right. Five weeks after his discharge from the hospital the patient had a first attack of epilepsy, 6 weeks later a second, and since then one every 4 weeks. The attacks were characterized by twitchings in the hand, arm, neck, face and leg on the right side, often accompanied by loss of consciousness, and twitchings extending over to the left side of the body but beginning in the inverse order, and ending with general convulsions.

The weakness of the right hand and arm as well as the disturbance of speech increased after each convulsion.

Patient was readmitted to hospital on May 22, 1889. On June 7, 1889, trepanation was undertaken. The scar on the scalp was very fine and adherent to the bone. At the place where the scar was supposed to cross the fissure of Rolando there was slight tenderness on pressure. The scar in the bone when exposed was small and not depressed. In its center a small opening into the skull was made with a